

Seizure Action Plan

Effective Date

This student is being school hours.	treated for a seizure	disorder. The in	nformation below should as	ssist you if a seizure occurs during		
Student's Name			Date of Birth			
Parent/Guardian			Phone Cell			
Other Emergency Conta	ct		Phone	Cell		
Treating Physician	-122		Phone			
Significant Medical Histo	ory					
Seizure Information						
Seizure Type			December 1			
Seizure Type	Length	Frequency	Description			
Seizure triggers or warni	ing signs:	Student's	response after a seizure:			
Basic First Aid: Care	e & Comfort			Basic Seizure First Aid		
Please describe basic fir	Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth					
Does student need to lea If YES, describe process Emergency Response	for returning student		☐ Yes ☐ No	Stay with child until fully conscious Record seizure in log For tonic-clonic seizure: Protect head Keep airway open/watch breathing		
A "seizure emergency" for	or I			Turn child on side		
this student is defined as	(Check all that a Contact sch Call 911 for Notify parer Administer Notify doctor	gency Protocol pply and clarify beloneol nurse at transport to nt or emergency demergency medic	A seizure is generally considered an emergency whe Convulsive (tonic-clonic) seizure last longer than 5 minutes Student has repeated seizures withor regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties Student has a seizure in water			
Treatment Protocol	During School Hou	ırs (include da	ily and emergency medic	cations)		
Emerg. Med. / Medication	Dosage	8	cts & Special Instructions			
Does student have a Vaç	gus Nerve Stimulator	?	No If YES, describe mag	gnet use:		
Special Consideration	ons and Precaution	ns (regarding s	chool activities, sports,	trips, etc.)		
Describe any special cor		The state of the s				
Physician Signature			Date			
Parent/Guardian Signat	ture		Date	DPC77:		
				DPC7		

Seizure Record

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